

In the Claims:

The current claim set of the application is presented below. Indications as to the status of the claims (“original”, “currently amended”, “cancelled”, “new”, etc.) appear in parentheses after the claim number. Deletions are identified in bold with double brackets and strikethrough (e.g. ~~[[deletion]]~~) and new text is identified in bold with underlining (e.g. **new language**).

Please cancel claims 1, 3-5 and 7-16 and add new claims 58 and 59 as follows:

1. (Cancelled)
2. (Previously cancelled)
3. (Cancelled)
4. (Cancelled)
5. (Cancelled)
6. (Previously cancelled)
7. (Cancelled)
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58. (New) A method for minimally invasive sacral stimulation lead implantation in a patient, comprising:

- inserting a needle posterior to the sacrum through an entry point;
- guiding the needle into a foramen along an insertion path to a desired location;
- sensing a needle position in the patient by applying an electrical signal to the needle to evoke a patient response related to the needle position;
- dilating the insertion path with a dilator to a diameter sufficient for inserting a stimulation lead;
- removing the needle from the insertion path;
- inserting the stimulation leads to the desired location; and
- removing the stimulation lead from the insertion path.

59. (New) A method for minimally invasive sacral stimulation lead implantation in a patient, comprising:

- inserting a needle posterior to the sacrum through an entry point;
- guiding the needle into a foramen along an insertion path to a desired location;
- sensing a needle position in the patient by applying an electrical signal to the needle to evoke a patient response related to the needle position;
- dilating the insertion path with a dilator to a diameter sufficient for inserting a stimulation lead;
- removing the needle from the insertion path;
- inserting the stimulation leads to the desired location; and
- removing the stimulation lead from the insertion path; and

validating that the stimulation lead is placed in the desired position.